



2046896

**CITY AND COUNTY OF DENVER****DEPARTMENT OF ENVIRONMENTAL HEALTH**

Nancy J. Severson, Manager

JOHN W. HICKENLOOPER
MayorDivision of Environmental Quality
201 W Colfax Ave Dept 1009
Denver, CO 80202
PHONE: (720) 865-5452
FAX: (720) 865-5534
www.denvergov.org/DEH

January 17, 2006

Victor Ketellapper, P.E.
Project Manager
U.S. Environmental Protection Agency - Region VIII
Superfund Program
999 18th St., Suite 300
Denver, Colorado 80202-24662006 JAN 23 AM 3:15
EPA REGION 8
SUPERFUND BRANCH

Dear Mr. Ketellapper:

The December (2005) monthly status reports for the VB/I-70 Community Health Program are appended. As always, please feel free to contact me if you have any questions or would like to modify the content, format, or distribution of future reports.

Sincerely,

Martha F. Hoff, CIH, CSP
VB/I-70 Community Health Program Administrator

Enclosures (8)

VB/I-70 CHP December 2005 Program Activities Report
VB/I-70 CHP December 2005 Steering Committee Report
VB/I-70 CHP Steering Committee Agenda and Notes - 12/07/2005
VB/I-70 CHP December 2005 Arsenic Data and Case Management Subcommittee Report
VB/I-70 CHP December 2005 Biomonitoring Subcommittee Report
VB/I-70 CHP December 2005 Health Education and Community Outreach Subcommittee Report
VB/I-70 CHP December 2005 Lead Data and Case Management Subcommittee Report
VB/I-70 CHP Lead Data and Case Management - 12/12/2005
VB/I-70 CHP December 2005 Small Grants and Community Funds Report

cc:

Lorraine Granado – Cross Community Coalition
Beverly Lumumba, Ph.D. – Clayton Neighborhood Association
Michael Maes – Swansea Neighborhood
Gloria A. Shearer – Cole Neighborhood Association
Akwe Starnes – Whittier Neighborhood Association
Anthony Thomas – Civic Association of Clayton
Jim Weaver – Cole Neighborhood Association
Raquel Holquin – CEASE
Joan Hooker – Clayton Neighborhood Association

(via email only):

Sandy Douglas – Cole Neighborhood Association
Celia VanDerLoop – City and County of Denver, Department of Environmental Health
Bill Benerman – City and County of Denver, Department of Environmental Health
Gene Hook – City and County of Denver, Department of Environmental Health
Jason Salas – City and County of Denver, Department of Environmental Health
Beverly Tafoya-Dominguez – City and County of Denver, Department of Environmental Health
Jennifer Chergo – U.S. Environmental Protection Agency, Region VIII
Patricia Courtney – U.S. Environmental Protection Agency, Region VIII
Jane Mitchell – Colorado Department of Public Health and Environment
Mishelle Macias – Colorado Department of Public Health and Environment
Wendy Hawthorne – Northeast Denver Housing Center
Clementine Pigford – Northeast Denver Housing Center
Tonya Hope – c/o Northeast Denver Housing Center
Paul Melinkovich, M.D. – Denver Health and Hospital Authority
Mark Anderson, M.D. – Denver Health and Hospital Authority/PEHSU
Chris Poulet – Agency for Toxic Substances and Disease Registry
George Weber – George Weber Inc. Environmental

**VB/I-70 Community Health Program
December 2005 Status Report
Program Activities Report**

December Activities and Tasks

Health Education and Community Outreach

Community Health Workers

- Continued canvassing activities. Through 12/31/2005, 1031 home visits were completed and 1745 "not home" contacts were made.
- Began partnering with new CHWs to provide field training
- Attended 12/07/2005 EPA Working Group Meeting

Program Management, Development, Administration and Community Partnership Management

- Continued tracking of all relevant field measures.
- Health educator began visits to first priority daycares and preschool sites.
- Collated data for 1/6/2006 community focus meeting on potential year three activities; data covered outreach activities (canvassing, contractor, and preschool/daycare), biomonitoring, lead, and arsenic.

Development

- Continued with input of first year program data into new field database; continued building and testing analysis queries and reporting capabilities.
- Met with CHW assigned to home visit evaluation project; defined field process for scheduling visits.
- Continued to identify resources for realtor, landlord, and contractor outreach; researched new EPA lead campaign resources (Keep It Clean).

Administration

- Received signed NDHC contract from Mayor's Office.

Community Partnership

- See Health Education and Community Outreach Subcommittee December report, as submitted.

Biomonitoring

- See Biomonitoring Subcommittee December report, as submitted.

Case Management

- Worked with DHHA medical/mapping programmer to define QNS and case management activity tracking report.
- See Arsenic Data and Case Management Subcommittee December report, as submitted.
- See Lead Data and Case Management Subcommittee December report, as submitted.

January Activities and Tasks

Health Education and Outreach

Community Health Workers

- Participate in January focus group meetings: evaluation (1/06/2006), realtor/contractor outreach (1/6/2006), and second home visit content (1/27/2006).
- Continue canvassing.

Program Management, Development, Administration and Community Partnership Management

- Continue to track relevant field data and enter all existing data into database.

Development

- Map out contact strategies relative to specific real estate and contractor audiences.

- Continue to assemble outreach material samples for real estate and contractor outreach.
- Begin home visit evaluation meetings.
- Begin process to formally define second year program components.

Administration

- Complete signature process of remaining CHW contracts.
- Compile first program year budget report for EPA.
- Evaluate Small Grants applications, as received.
- Continue daycare/preschool presentations.

Community Partnership

- Partner to develop display "collage poster" of Mexican candy lead hazard for use in outreach activities.
- Continue to support community and EPA partnership in obtaining remaining sampling access agreements.

Future Activities and Task

Health Education and Outreach

Community Health Workers

- As time permits, assist in developing methods to reach mothers with newborns to provide early intervention education; conduct focused "mini" outreach campaign if feasible.
- Utilizing canvassing experiences, work with a health educator to define critical lead topics for a first time home visit and effective presentation of written materials.

Program Management, Development, Administration and Community Partnership Management

- Define additional program outreach methods and audiences, as necessary.
- Evaluate and analyze program data.

Development

- Compile and distribute summary of review of ROD, cooperative agreement, and CHEOP along with overarching matrix of goals, objectives, and evaluation parameters.
- Finalize year two outreach content and messages based upon community decisions.

Administrative

- Utilize folder/divider presentation for outreach material.
- Release first program year data and evaluation report.

Community Partnership

- Partner with Outreach Development Group and other community leaders and members to define year two program content and messages – meeting scheduled for 1/30/2006.
- Partner with community to assess first program year evaluation data and potential third program year content – meeting scheduled for 1/06/2006.
- Work with Cross Community Coalition to develop a newsletter article on CHP.

**VB/I-70 Community Health Program
December 2005 Status Report
Steering Committee Report**

Steering Committee	
US EPA Region VIII	Victor Ketellapper
	Patricia Courtney
DEH	Celia VanDerLoop
	Gene Hook
	Jay Salas
	Martha Hoff - chair
ATSDR	Chris Poulet
DHHA/PEHSU	Mark Anderson, MD
CDPHE	Mishelle Macias
	Jane Mitchell
Community	Gloria Shearer

Steering Committee Tasks
<ol style="list-style-type: none"> 1. Develop a Memorandum of Agreement (MOA) describing the roles of various agencies, responsibilities, reporting, information flow, and general funding responsibilities. <i>pending review – Denver City Attorney's Office</i> 2. Provide regular updates on program activities as required. <i>ongoing</i> 3. Review, approve, and coordinate planning, reporting, and activities of the program, Steering Committee, and its subcommittees. <i>ongoing</i> 4. Resolve disputes that arise through the course of the program and issues that are not resolved in subcommittees. <i>as necessary</i> 5. Identify, develop, and approve needed policies for effective program operation. <i>ongoing</i> 6. Coordinate between remedy implementation and community health program operations. <i>ongoing</i> 7. Provide necessary coordination and transfer of program data. <i>ongoing</i> 8. Provide oversight to the planning, implementation, and evaluation of the program. <i>ongoing</i> 9. Review program evaluation methods and results; modify program as necessary. <i>ongoing</i>

December Activities and Tasks
The Steering Committee met on 12/07/05; see agenda and notes for additional information.
January Activities and Tasks
Continue work on annual evaluation reports.
Future Activities and Tasks
Next meeting is scheduled for Wednesday, February 15, 2006.

**VB/I-70 CHP
Steering Committee Meeting Agenda and Notes
Wednesday, December 07, 2005**

Agenda

1. Evaluation measures – first annual report; ID release date
 - ◇ Residency/12 hour criteria
2. Memorandum of Agreement
3. NDHC contract
4. EPA update
5. Community Health Education and Outreach – field activity update
6. Biomonitoring – subcommittee update
 - ◇ QNS samples
7. Arsenic Data and Case Management – subcommittee update
8. Lead Data and Case Management – subcommittee update
 - ◇ Dr. Melinkovich
 - ◇ Case management issues – non VB/I-70 affected patients
 - i. Denver residents
 1. Funding
 2. Data
 - a. Current cases
 - b. 2005-2006 planning
 - ii. Non-Denver residents
 1. CDPHE Lead to notify and follow-up
 - ◇ Case management issues – VB/I-70 affected patients screened outside of program
 - i. ROD requirements/EPA
 1. Processing into DHHA system
 2. Data
 - ◇ HIPAA Forms
 - i. Samples w/o HIPAA forms – how to address
9. Medical Management – subcommittee update
10. Medical Provider Education – subcommittee update

In Attendance

Victor Ketellapper (EPA), Pat Courtney (EPA), Wendy Hawthorne (NDHC), Chris Poulet (ATSDR), Mishelle Macias (CDPHE), Jane Mitchell (CDPHE), Mark Anderson (PEHSU/DHHA), Beverly Tafoya-Dominguez (DEH), Gene Hook (DEH), Elizabeth Schiffman (DEH), Jason Salas (DEH), Martha Hoff (DEH)

Next Meeting

Wednesday, February 15, 2006, Webb Bldg., 10th floor, Rm 10.G.1

Notes

Martha Hoff distributed a matrix listing various possible evaluation points to be included in the first annual program report. The group discussed how to handle lead and arsenic test data for clinic participants who do not live or spend 12 or more hours per week in the VB/I-70 project boundaries. It was decided that while all data will be included in the annual report, VB/I-70 relevant tests will be analyzed as a discrete data set. CDPHE will determine how best to proceed in identifying “non-VB/I-70” tests for the purpose of data management and analysis. DHHA has indicated that with this information lead summaries can be run for only

VB/I-70 related tests. An established procedure specifically eliciting a clinic participants VB/I-70 relationship will be implemented at the 2006 biomonitoring clinics.

Martha reported that CDPHE, DEH, and EPA have signed the memorandum of agreement.

Martha reported that the NDHC contract with the City is at the Mayor's Office for signature. It is expected back this week. There are over 80 addresses awaiting mini indoor lead inspections. NDHC will begin work as soon as the contract is signed. NDHC will only conduct investigations for residences within the site boundaries.

Victor Ketellapper gave a brief update on site activities. He stated that there is a limited number of soil removals left to complete. The primary 2006 focus will be exterior lead-based paint activities. There are approximately 160 access agreements still being pursued.

Jay Salas gave an update on community health worker activities. Four new community health workers have signed contracts, bringing the total number to ten. Martha introduced Elizabeth Schiffman, DEH's newest VB/I-70 staff member. Elizabeth is heading up realtor/landlord/renovator outreach activities.

Mishelle Macias reviewed activities related to handling QNS (quantity not sufficient for analysis) lead samples. CDPHE will be using a larger bore capillary tube for collection at the 2006 clinics. This should help reduce the number of QNS samples. Martha indicated that DHHA has added a QNS tracking query and report to the lead database.

Jane Mitchell provided an update on arsenic case management activities related to elevated cases. Jane also PE sample preparation issues related to analysis by MedTox.

Martha indicated that Dr. Melinkovich would no longer be involved with the VB/I-70 project as he has new duties at DHHA. Dr. Anderson will cover DHHA and PEHSU involvement for the steering committee.

The group discussed the various issues associated with case management of lead tests for patients who do not meet VB/I-70 inclusion criteria. Victor Ketellapper indicated that VB/I-70 funding covers lead screening tasks up through confirmatory testing. Victor requested that Martha draft a letter summarizing this.

The group also discussed case management issues related to persons who meet VB/I-70 inclusion criteria, but who are identified as elevated through a screening process other than the CHP's. Victor Ketellapper stated that the VB/I-70 funding does cover these individuals. Martha will work with Dr. Anderson and DHHA case management staff to establish a process to pull these patients into the VB/I-70 system and DHHA.

The group reviewed HIPAA form issues. If a HIPAA form is not signed by the parent at the screening clinic, DHHA cannot process the sample. Occasionally, a participating family fails to sign the form as it is one of many forms they are required to sign at the clinic. A number of ideas were generated to increase assurance of obtaining HIPAA signatures. If a sample is received by DHHA with a signed HIPPA form, it will be returned to CDPHE. CDPHE will have the sample analyzed. The CHP (DEH) will pay for these analyses.

Mark will contact Inner City Health Center about providing provider education to the center's staff.

**VB/I-70 Community Health Program
December 2005 Status Report
Subcommittee Report**

Arsenic Data and Case Management Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
CDPHE	Jane Mitchell - chair

Arsenic Data and Case Management Subcommittee Tasks
<ol style="list-style-type: none"> 1. Identify and select preferred reporting methods and format for arsenic data. [Complete] 2. Develop a quality assurance and quality control plan for arsenic data management. [Complete] 3. Develop a secure database system to assist with arsenic data management, reporting, and tracking. [Complete] 4. Develop acceptable case tracking protocols. [Complete] 5. Develop case coordination protocols. [Complete] 6. Identify appropriate trigger levels for case management and case coordination. [Complete] 7. Develop evaluation and reporting mechanisms, and schedule for arsenic data and case management issues. [In progress] 8. Report to the Steering Committee on progress, status, and issues requiring resolution. [On-going]

December 2005 Activities and Tasks
Families of four children with elevated hair arsenic tests were contacted. One child had a borderline elevation (0.21 ug/g) and the family preferred to return to a clinic next spring for any retests. One family said they would contact CDPHE after the holidays for a retest. CDPHE coordinated with DEH, EPA, and Inner City Health Clinic to collect repeat hair and urine samples, and to gather exposure information on two other children with both EBLLs and hair arsenic elevations.
January 2006 Activities and Tasks
Once lab results are received for arsenic follow-up tests, coordinate with other health agencies and the VB70 CHP medical management subcommittee to develop recommendations for case management.
Future Activities and Task
Continue to work with families whose children have elevated tests. Retest periodically to confirm that arsenic levels are declining, or there is no evidence of on-going arsenic exposure.

**VB/I-70 Community Health Program
December 2005 Status Report
Subcommittee Report**

Biomonitoring Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Linda Kauffman
CDPHE	Mishelle Macias – co chair, Lead
	Jane Mitchell – co chair, Arsenic/lab QC
Community Technical Advisor	Michael Kosnett, MD (CEASE)
ATSDR	Chris Poulet
DHHA	Mark Anderson, MD
PEHSU	Mark Anderson, MD

Biomonitoring Subcommittee Tasks
<ol style="list-style-type: none"> 1. Identify and select preferred biological media and test methods for arsenic and lead biomonitoring. Complete 2. Recommend preferred methodologies for biological sample collection. Complete 3. Develop a quality assurance/quality control plan for biomonitoring program. 4. Identify and evaluate suitable laboratory protocols and assist with selection of acceptable analytical laboratories with a demonstrated ability to meet program data quality requirements. Complete 5. Develop required consent agreements to provide informed consent for community members considering participation in biomonitoring program. Complete 6. Coordinate with DHHA to address HIPPA concerns with blood lead biomonitoring activities and to provide required data confidentiality. Complete 7. Develop mechanisms to ensure the medical confidentiality of biomonitoring information. Complete 8. Ensure that appropriate state IRB reviews are conducted, if required, and coordinate with DHHA to determine need for COMIRB review. Complete 9. Interface with the community outreach and health education planning process as needed. Complete 10. Develop evaluation and reporting mechanisms, and schedule for biomonitoring issues, as requested by the steering committee. Ongoing 11. Report to the Steering Committee on progress, status, and issues requiring resolution. Ongoing

December Activities and Tasks
<p>No subcommittee meeting was necessary this month. Activities included being referred three QNS patients from DHHA, who have not returned for repeat lead tests after repeated encouragement. CDPHE staff called 2/3 patients and encouraged them to have a repeat lead test. One of the three had a phone number that was disconnected and staff was unable to make a phone call. DHHA staff was notified and are looking for another contact number.</p> <p>Staff coordinated with Inner City Health Clinic to retest two children with elevated hair arsenic test results. Hair and urine samples were collected for both children. Lab results are still pending.</p>

These children are also being followed due to repeat EBLLs.

Staff attended various subcommittee and steering committee meetings, as necessary.

January Activities and Tasks

If the blood lead QNS-referred families have not returned for further testing, these children will be referred to NDHC.

For children with elevated arsenic tests, make recommendation for additional testing once December lab test results are received.

Future Activities and Tasks

Contact families for retests, as needed. Continue development of evaluation measures.

**VB/I-70 Community Health Program
December 2005 Status Report
Subcommittee Report**

Health Education and Community Outreach Subcommittee	
US EPA Region VIII	Patricia Courtney – adjunct member
DEH	Jay Salas
	Beverly Tafoya-Dominguez – chair
DHHA	Marti Potter – adjunct member
ATSDR	Chris Poulet – adjunct member
Community	Gloria Shearer, Anthony Thomas

Health Education and Community Outreach Subcommittee Tasks
1. Develop plans for outreach and program recruitment methods. <i>Complete, with ongoing evaluation.</i>
2. Work with communities to identify preferred testing locations, to develop preferred program advertisement methods, and to define recruitment strategies to help maximize program participation. <i>Complete, with ongoing evaluation and revision as needed.</i>
3. Develop materials for use during education and outreach activities. <i>Complete, with ongoing revisions and development as identified (see #6)</i>
4. Develop distribution plans for outreach and educational materials. <i>Ongoing</i>
5. Develop evaluation and reporting mechanisms for education and outreach activities and the identification of program revisions. <i>Ongoing, within CHP program development activities</i>
6. Develop a plan for on-going communication and feedback from the community regarding health education and outreach materials, as needed. <i>Complete, with ongoing evaluation.</i>
7. Report to the Steering Committee on progress, status, and issues requiring resolution. <i>Ongoing</i>

December Activities and Tasks
The designing of a collage to place in local schools or libraries about lead hazards in jewelry and candy has been delayed due to the member of the committee who volunteered to do the task no longer participating. The Healthy Children's Partnership has agreed to carryout the compilation of the educational materials packets; funding will be solicited from CHP. In order to build participation in the ODG subcommittee, various community leaders were contacted. The Healthy Children's Partnership Leadership Skills Building Project has offered to send members of that group to participate in the ODG subcommittee. Childcare outreach continues with the Preventing Lead and Arsenic Poisoning Through Hand Washing and Improved Nutrition Presentation. The focus is on centers serving children 2-4, with ECE and K groups being served last as time allows.
Future Activities and Tasks
Continue to conduct presentations about lead poisoning prevention with children and parents at childcare centers, schools identified by the staff and community. Add and orient Healthy Children's Partnership Leadership Skills Building Project members to the subcommittee. Continue to contact community leaders about sending representatives. Work with the VB/I-70 administrative staff, CHWs and biomonitoring staff to develop a master outreach plan for next year and possibly the following year.

**VB/I-70 Community Health Program
December 2005 Status Report
Subcommittee Report**

Lead Data and Case Management Subcommittee	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook, Martha Hoff
DHHA	Marti Potter
	Mark Anderson, MD - chair
CDPHE	Mishelle Macias

Lead Data and Case Management Subcommittee
<ol style="list-style-type: none"> 1. Identify and select preferred reporting methods and format for lead data. Complete with ongoing reports 2. Develop a quality assurance and quality control plan for lead data management. 3. Develop acceptable case tracking protocols. Complete 4. Develop case coordination protocols. Complete 5. Identify appropriate trigger levels for case management and case coordination. Complete 6. Develop evaluation and reporting mechanisms, and schedule for lead data and case management issues. Ongoing 7. Report to the Steering Committee on progress, status, and any issues needing resolution. Ongoing

December Activities and Tasks
See attached meeting minutes.
January Activities and Tasks
Future Activities and Tasks

**Lead and Case Management Data Work Group Meeting
Minutes
December 12, 2005**

Present: Marti Potter- chair, Mishelle Macias, Martha Hoff, Rashanda Gordon, Gene Hook, Mark Anderson M.D. Kevin McCullen, Ingrid Cannon

Issues/Discussions	Actions/Decision	Responsible Person	Timeline
1. Reports: the case management report needs to have a QNS sample feature. Of the 19 QNS samples, 8 patients have not returned for follow-up. Kevin completed a draft case management report last week.	Gene and Martha to review the case management report for content. 1 st Annual report due late February	Martha Hoff	1/9/06
2. Data requirements of Project Boundaries: The reports need to reflect the project boundaries of those patients within the VB I-70 boundaries	1. EPA will pay form case management only through confirmation of lead level for those patients not in the VB I-70 affected areas 2. More detailed screening on site of community fairs with delineation of VB I-70, in area 12 hours or non-VBI for database. 3. State will alert us and can be utilized in helping with those patients outside the VB I-70 or Denver Health areas. 4. Mapping will reflect the neighborhood boundaries.	Gene and Kevin will meet	early January 2006
3. NE Housing follow-up/Lead flow sheet revision	1. Martha will call NE Housing to check on their availability to follow-up on 0-4.9 levels. 2. Flow diagram will be edited to indicate if No for confirmed test less than 10 that NE Housing is notified.	Martha Hoff Marti Potter	1/9/06 1/9/06
4. Medtox reporting of QNS samples- a meeting was held with Medtox regarding QNS samples	1. Increase blood sample amount to be collected at the health fair. 2. Medtox will rescreen some of the samples they have received.	Mishelle Macias	At fairs
5. Clarify HIPPA regulations	Marti clarified Dr. Melinkovich statement in November. Denver health will not be able to run the blood samples without the HIPPA release.		

6. Patient case management letters	Martha Hoff discussed the process of review by the community of the lead letters and a draft was distributed and reviewed	Rashonda Gordon and Marti Potter will review and format.	Report at 1/9/06
------------------------------------	---	--	------------------

NEXT MEETING
January 9, 2006 12n-1pm
CHS Large Conference Room

**VB/I-70 Community Health Program
December 2005 Status Report
Small Grants and Community Funds Report**

Small Grants

Number of Small Grants Proposals Received (December): 0

Number of Small Grants Proposals Received to Date: 3

Number of Small Grants Awarded (December): 0

Number of Small Grants Awarded to Date: 3

Cumulative Total Award Amount: \$6,250.00

New Awards Summary: no new awards (December 2005)

Community Funds Report

Funds Dispersed in December: none

Cumulative Funds Dispersed: \$1916.00

NOTE: The VB/I-70 CHP Outreach Development Group is currently seeking youth organizations to partner with in the assembly of outreach material folders. A stipend of \$7.00 per hour is available to each youth. Program stipends must be paid through organizations or individuals who are registered vendors with the City. Please contact Beverly Tafoya-Dominguez at 720-865-5471 for more information.